IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL SERVICES DIVISION
FORM 30 – NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION

PART A – BASIC APPLICATION INFORMATION

All Treatment Works must complete Part A (Instructions at end).
FACILITY NUMBER:

1. FACILITY INFORMATION	Facility Name	Facility Address/ Location (NOT A P.O. BOX)		
	Contact Person	City	State	Zip Code
	Title	Facility Mailing Address (if different from above)		
	Telephone Number	City	State	Zip Code
2. APPLICANT INFORMATION	Applicant (Owner) Name	Mailing Address		
	Contact Person	City	State	Zip Code
	Title of Contact Person	Telephone Number		
	Is the applicant the owner, operator, or both of the treatment works? ☐ Owner ☐ Operator			
	Indicate where correspondence regarding this permit should be sent. ☐ Facility ☐ Applicant			
3. OPERATION/ MAINTENANCE PERFORMED BY CONTRACTOR (AFFIDAVIT OPERATOR)	Are there any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No If yes, provide the following contractor information:			
	Name	Mailing Address		
	Telephone Number	City	State	Zip Code
	Describe the responsibilities of the contractor.			

4. EXISTING PERMITS

List all environmental permits from federal, state, or local agencies required to operate this facility (e.g. Stormwater, RCRA, UIC, PSD). If a permit has been applied for but not yet issued, write "Applied For" under issue date. Attach additional pages if needed.

Type of Permit	Permit No.	Issue Date	Issuing Agency

5. COLLECTION SYSTEM

Indicate the type(s) or collection system(s) used by the treatment plant. Check all that apply. Estimate the percent contribution (by miles) of each. **(Note: if CSOs are utilized as part of the collection system, Part E must be completed)**.

☐ Separate Sanitary Sewer % contribution
☐ Combined storm and sanitary sewer % contribution

6. INFLOW AND INFILTRATION

In the last facility inspection report from the DNR Field Office, did the Field Office indicate that the facility has excessive infiltration and inflow (I/I)?

☐ Yes ☐ No

If yes, briefly explain any steps underway or planned to minimize inflow and infiltration.

7. AREAS SERVED BY FACILITY

Provide information on any areas or municipalities outside the corporate limits served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.)

NAME	POP. SERVED	TYPE OF SYSTEM	OWNERSHIP

8. FACILITY DESCRIPTION

a. Provide a description of the treatment facility (e.g. extended aeration activated sludge plant with a stormwater equalization basin, controlled discharge lagoon with two cells). Please note the number of process units (e.g. two anaerobic digesters, four aeration basins).

b. Provide the location of the treatment facility.

County:			
Latitude	Degrees:	Minutes:	Seconds:
Longitude	Degrees:	Minutes:	Seconds:

9. FACILITY DESIGN INFORMATION

Provide the following design information (located in the construction permit for the facility):

Average Dry Weather (ADW) Flow in million gallons per day (MGD): _____

Average Wet Weather (AWW) Flow in million gallons per day (MGD): _____

Maximum Wet Weather (MWW) Flow in million gallons per day (MGD): _____

Biochemical Oxygen Demand (BOD) in pounds per day (lbs/day): _____

Total Kjeldahl Nitrogen (TKN) in pounds per day (lbs/day): _____

Note: Facilities with a design AWW flow greater than 1 MGD must fill out Parts B and C, and facilities with an AWW flow of greater than 0.1 MGD must fill out question 18.

10. SCHEDULED IMPROVEMENTS & SCHEDULES OF IMPLEMEN-TATION

Provide information on any implementation or plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to this question for each. If there are no schedules, please proceed to the next question.

a. Describe which treatment processes are covered by the implementation schedule(s).

b. Indicate whether the scheduled improvements or implementation schedule(s) are required by State or Federal agencies. ☐ Yes ☐ No
If Yes, briefly describe why the agency required the schedule:

c. Provide dates imposed by any required schedule and any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned by the owner of the facility, indicate the planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Scheduled Date MM/DD/YYYY	Actual Completion MM/DD/YYYY
-Begin Construction	/ /	/ /
-End Construction	/ /	/ /
-Begin Discharge	/ /	/ /
-Attain Operational Level	/ /	/ /

d. Have appropriate permits/clearances concerning other State/Federal requirements been obtained (e.g. construction permit)? ☐ Yes ☐ No

11. DISCHARGES AND OTHER DISPOSAL METHODS

a. Does the treatment works discharge to waters of the state? ☐ Yes ☐ No

If yes, list how many of the following types of discharge points the treatment system uses (indicate zero where necessary):

Type	Number
i. Discharges of treated effluent	
ii. Discharges of untreated or partially treated effluent (Bypasses of any treatment units to waters of the state)	
iii. Internal bypasses of any treatment units (not bypassed to waters of the state)	
iv. Combined Sewer Overflow (CSO) points **(Note: if CSOs are utilized, Part E must be completed)**	
v. Constructed Emergency Overflows (prior to the headworks)	
vi. Other	

Note: Questions 14 – 18 must be filled out for each outfall listed in i and ii

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the state?

Yes ☐ No ☐

If yes, provide the location of each surface impoundment:

Name: Section: Township: Range:

Name: Section: Township: Range:

c. Does the treatment works land apply treated wastewater or allow another entity to land apply treated wastewater (e.g. golf course)? ☐ Yes ☐ No

If yes, provide the following information **for each land application**:

i. Location County: Section: Township: Range:

ii. Number of acres:

iii. Annual average daily flow applied to site: mgd

iv. Is land application continuous ☐ or intermittent ☐ ?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☐ No

If yes, provide the following information **for each recipient of the wastewater**:

i. A description of the means by which the wastewater from the treatment works is discharged or transported (e.g. tank truck, pipe):

ii. If transported by a party other than the applicant, provide the following for the other party:

Name: Phone number:

iii. For each treatment works that receives this wastewater, provide the following:

Name: Phone number:

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in 11.a through 11.d above (e.g. underground percolation, well injection)? ☐ Yes ☐ No

If yes, provide the following information **for each disposal method**:

	i. Description of method (including location and size of sites if applicable):
	ii. Annual average daily flow disposed of by this method: mgd
	iii. Is disposal by this method continuous ☐ or intermittent ☐ ?
	f. Does the facility generate sewage sludge or derive a material from sewage sludge? Yes ☐ No ☐ If yes, answer the following:
	i. The DNR Field Offices inspect all land application programs to determine compliance with the requirements of 40CFR Part 503 and the Iowa Administrative Code. Has the Field Office inspected the land application program for the facility within the last five years? Yes ☐ No ☐ If no, indicate the date of the last Field Office inspection:
	ii. Has the land application program at the facility changed since the last Field Office inspection? Yes ☐ No ☐ If yes, please explain briefly:

12. MAP	Attach to this application a topographic map with the following clearly marked:
	a. An outline of the treatment facility, including all process units;
	b. Piping to and the location of all bypasses (e.g. lift stations, manholes);
	c. Major pipes or other structures through which untreated wastewater enters the plant;
	d. Major pipes or other structures through which treated wastewater is discharged from the treatment plant (show all outfalls, including bypasses);
	e. Basins, ponds, or other surface impoundments that receive wastewater;
	f. Each well where wastewater from the treatment works is injected underground;
	g. Wells, springs, and surface waterbodies that are within ½ mile of the treatment works and listed in the public record (or otherwise known to the applicant);
	h. Any areas where the sewage sludge produced by the treatment plant is stored, treated, or disposed;
	i. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA), show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

13. PROCESS FLOW DIAGRAM OR SCHEMATIC	Provide a diagram or schematic of the treatment works that includes:
	a. All process units (with labels);
	b. Path of flow through the treatment works (Influent flows, flow between treatment units, effluent flows, recirculation, and sludge lines);
	c. All flow measurement locations and devices;
	d. All influent and effluent sampling locations and devices;
	e. All internal bypasses of any treatment units;
	f. All outfall locations.

Questions 14 to 17 (next page) must be completed for <u>each outfall</u>, as noted in 11 a. i and ii. Report all outfalls, including those that are not listed in the treatment works' current NPDES permit. Question 18 must be completed for each outfall <u>if the facility has an AWW design flow of greater than or equal to 0.1 MGD</u>. Please make extra copies of pages 5 and 6 as needed. If you answered "no" to question 11 a., please proceed to Part F, Certification. <u>All applicants must complete Part F, Certification.</u> If the facility has a design AWW flow of greater than or equal to 1 MGD, Parts B and C must be completed. If the facility has any significant industrial contributors or receives RCRA/CERCLA waste, Part D must be completed. If the facility has a combined sewer system, Part E must be completed.

14. DESCRIPTION OF OUTFALL

a. Outfall Number (e.g. 001, 002):

b. Outfall Name (e.g. Discharge from a two-cell aerated lagoon, lift station overflow):

c. Outfall type (if known):

d. Location

City or Town (if applicable):			State:
County:			ZIP:
Latitude	Degrees:	Minutes:	Seconds:
Longitude	Degrees:	Minutes:	Seconds:

e. Distance from shore (if applicable): feet

f. Depth below surface (if applicable): feet

g. Average daily flow rate (if applicable): mgd

h. Does this outfall have either an intermittent or periodic discharge? ☐ Yes ☐ No
If yes, provide the following information:

i. Number of times per year discharge occurs:

ii. Months in which discharge occurs:

iii. Average duration of each discharge: days

iv. Average annual daily volume discharged: MGD

i. Is outfall equipped with a diffuser? ☐ Yes ☐ No

15. DESCRIPTION OF RECEIVING WATERS

a. Route of Flow:

b. Designated receiving water:

c. Designation of receiving water:

d. Name of River Basin:

e. Critical Low Flows of receiving stream (if known) (in cfs):
1Q10: 7Q10: 30Q10: Protected Flow:

16. DESCRIPTION OF TREATMENT

a. What levels of treatment are provided for this outfall? Check all that apply:
☐ Primary ☐ Secondary ☐ Advanced ☐ None
☐ Other (Describe):

b. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

c. Does the outfall have post aeration? ☐ Yes ☐ No

17. EFFLUENT TESTING INFORMATION FOR ALL FACILITIES

All applicants that discharge to waters of the state must provide the results of analysis of at least one sample of the final effluent for the following parameters. Testing is required for each outfall through which effluent is discharged. Collect samples as indicated by the bolded letters, **C** indicates 24-hour composite and **G** indicates grab. If the discharge is from a lagoon with a retention time of greater than 24 hours, a grab sample is acceptable in lieu of a 24-hour composite. You may use historical data if it meets these requirements (i.e., effluent testing data required by your current NPDES permit can be used if applicable). Do not include information on CSOs in this section.

Pollutant	Maximum Daily Value	Average Daily Value (last year)	Number of Measurements	Certified Laboratory #
TDS (Total Dissolved Solids) **C**				
Chloride **C**				
E.coli **G**				

18. EFFLUENT TESTING INFORMATION FOR FACILITIES WITH DESIGN AWW FLOW GREATER THAN 0.1 MGD

Applicants whose facility has a design wet weather (AWW) flow of greater than or equal to 0.1 MGD (100,000 gal/day) and that discharge to waters of the state must provide the results of analysis of at least one sample of the final effluent for the following parameters. Testing is required for each outfall through which effluent is discharged. The sample(s) collected must be representative of the current operation and must be collected during dry weather. Collect samples as indicated by the bolded letters, **C** indicates 24-hour composite and **G** indicates grab. If the discharge is from a lagoon with a retention time of greater than 24 hours, a grab sample is acceptable in lieu of a 24-hour composite. You may use historical data if it meets these requirements (i.e., effluent testing data required by your current NPDES permit can be used if applicable). Do not include information on CSOs in this section. "Other" parameters will be specified by the permit writer as needed. **Note: if the design AWW flow of the facility is less than 0.1 MGD, this question does not need to be completed.**

Pollutant	Maximum Daily Value	Average Daily Value (last year)	Number of Measurements	Certified Laboratory #
Ammonia (as N) **C**				
Chlorine, Total Residual (TRC) **G ***				
Dissolved Oxygen **G**				
Nitrate plus Nitrite Nitrogen **C**				
Total Kjeldahl Nitrogen **C**				
Oil and Grease **G**				
Phosphorus (Total) **C**				
Other				

*Facilities that do not use chlorine for disinfection and do not use chlorine elsewhere in the treatment process are not required to provide TRC effluent results.

END OF PART A

FORM 30, PART A - INSTRUCTIONS

1. Facility Information
Provide the facility's official or legal name. Do not use a nickname or short name. Provide the address information for the facility. This address should be the physical location of the treatment plant, not a P.O. Box. If no address is available, please write down the nearest intersection and direction from the nearest city, e.g. "Hwy 181 and 4th Street, Southeast of town". Also provide the facility's mailing address (if different from the physical location), a contact person at the facility, his/her title, and that person's work telephone number. The contact person should be someone who has a thorough understanding of the operation of the treatment works. The permitting authority may call this person if there are any questions about the application. Be sure to provide the city or county and state in which the facility is located.

2. Applicant Information
Provide the name and address of the facility's owner. Also provide the name of a contact person, his/her title, and his/her work telephone number. The permitting authority may call this person if there are any questions about the application.

3. Operation/Maintenance Performed by a Contractor (Affidavit Operator)
If a contractor carries out any operational or maintenance aspects associated with wastewater treatment or effluent quality at this facility, provide the name, mailing address, and telephone number of each such contractor. Also, provide a short description of the responsibilities of the contractor. Attach additional pages if necessary.

4. Existing Permits
Provide the permit number of each currently effective permit issued to the treatment works for NPDES, UIC, RCRA, PSD, and any other environmental programs. If you have previously filed an application but have not yet received a permit**,** give the number of the application, if any. If you have more than one currently effective permit under a particular permit program, list each such permit number. Attach additional pages if necessary.

5. Collection System
Indicate what type of collection system brings wastewater to the facility. If you check both of the collection systems indicated on the form, you must also provide an estimate of what percentage (in terms of miles of pipe) of your entire collection system each type represents. For example, 80 percent separate sanitary sewers would mean that 80 percent of the actual miles of pipes are separate sanitary sewers (and 20 percent are combined sewers).

6. Infiltration and Inflow
Indicate whether the DNR Field Office reported that the facility has excessive infiltration and inflow (I/I) in the previous inspection report. If the Field Office reported that the facility has excessive I/I, briefly detail the steps the facility is taking to minimize inflow and infiltration.

7. Areas Served By Facility
Provide the names of all the cities, towns, and unincorporated areas served by the facility and enter the number of people served by the facility at the time you complete this section. Indicate whether each portion of the collection system is separate or combined storm and sanitary, if known, and note the ownership status of each portion of the system (municipal, private, etc.).

8. Facility Description
Provide a short description of the treatment works that includes all process units, and provide the location of the treatment facility. Latitudes and longitudes can be obtained on the internet at the following sites: http://www.igsb.uiowa.edu/getutm/input.htm and http://mapserver.maptech.com/api/espn/index.cfm.

9. Facility Design Information
Provide the design parameters for the facility (ADW flow, AWW flow, MWW flow, BOD, and TKN). The design parameters are the flow rates and loadings that the plant was built to handle. These parameters are located in the construction permit issued to the facility by the Wastewater Construction Permits section of the DNR, or in the Design Schedule G attached to the permit. If the design TKN is not available, please write "NA". Please note that dischargers of effluent to waters of the U.S. with flow rates greater than or equal to 1 MGD must also complete Part B, Expanded Effluent Testing Data, and Part C, Toxicity Testing Data, and dischargers of effluent to waters of the U.S. with flow rates greater than or equal to 0.1 MGD must also complete question 18.

10. Scheduled Improvements and Schedules of Implementation

Provide information on any improvements to your treatment works that you are currently planning. Include only those improvements that will affect the wastewater treatment, effluent quality, or design capacity of your treatment works (such improvements may include regionalization of treatment works). Also, list the schedule for when these improvements will be started and finished. If your treatment works has more than one improvement planned, use a separate sheet of paper to provide information for each one.

a. List each treatment process that is covered by the implementation schedule.
b. Indicate whether the planned improvements or implementation schedules are required by State or Federal agencies, and provide a brief description of why the agency required the schedule.
c. Provide the information requested for each planned improvement. Supply dates for the following stages of any compliance schedule. For improvements that are planned independently of State or Federal agencies, indicate planned or actual completion dates, as applicable. If a step has already been finished, give the date when that step was completed.
   - ``Begin Construction'' means the date you plan to start construction.
   - ``End Construction'' means the date you expect to finish construction.
   - ``Begin Discharge'' means the date that you expect a discharge will start.
   - ``Attain Operational Level'' means the date that you expect the effluent level will meet the facility's implementation schedule conditions.
d. Note whether your treatment works has received appropriate permits or clearances that are required by other Federal or State requirements, such as a construction permit, 401 Certification, stormwater permit, etc.

11. Discharges and Other Disposal Methods

Provide information on all discharges and disposal methods utilized at the treatment plant.

a. Note whether the treatment works discharges effluent to waters of the state. If yes, note the number of treated effluent discharge points, untreated or partially treated effluent discharge points, internal bypasses, combined sewer overflow points, constructed emergency overflows prior to the headworks, and any other discharge points. Please note that questions 14 through 17 of Part A must be filled out for each outfall listed in a. i and ii. <u>Report all outfalls, even those that are not listed in the treatment works' current NPDES permit.</u>
b. A surface impoundment with no point source discharge (to waters of the U.S.) is a holding pond or basin that is large enough to contain all wastewaters discharged into it. It has no places where water overflows from it. It is used for evaporation of water and very little water seeps into the ground. The facility must report the location of each surface impoundment. If the facility discharges to more than one surface impoundment, use an additional sheet (or sheets) to give this information for each impoundment. Attach the additional sheet(s) to the application. The information on the location of the surface impoundment(s) may be referenced on the topographic map prepared under question 12, if applicable.
c. Land application is the spraying or spreading of treated wastewater over an area of land. If the facility applies wastewater to land, you must list the site location (section, township, range), the size of the site (in acres), the annual average daily volume applied to the site, and the frequency of application (i.e., is the application continuous or intermittent). If the facility applies wastewater to more than one site, provide the information for each site on a separate sheet (or sheets). Attach the additional sheet(s) to your application. The information on the location of the land application site may be referenced on the topographic map prepared under question 12, if applicable.
d. If the facility discharges treated or untreated wastewater to another treatment works (including a municipal waste transport or collection system), provide the information requested. If the facility sends wastewater to more than one treatment works, provide this information for each treatment works on an additional sheet (or sheets). Attach the additional sheet(s) to your application. Describe how the wastewater is transported to the other treatment works. Also, provide the name and phone number of the company that transports the facility's wastewater to this treatment works. Also provide the name and phone number of each treatment works that receives wastewater from the facility.
e. If the facility disposes of its wastewater in some way that was not described by 11a through 11d, briefly describe how the facility discharges or disposes of its wastewater. Also give the annual daily volumes disposed of this way and indicate whether the discharge is continuous or intermittent. Other ways to discharge or dispose include underground percolation and well injection.
f. If the facility generates sewage sludge or derives a material from sewage sludge, indicate whether the local DNR Field Office has inspected your land application program within the last five years, and if anything has changed in your program since the last inspection. If the land application program has not been inspected in the last five years, please provide the date of the last inspection. If the land application program has changed, briefly describe the changes.

12. Topographic Map

Provide a topographic map (or other map if a topographic map is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes. Please indicate the locations of all elements listed in 12a through 12i.

13. Process Flow Diagram or Schematic

Provide a diagram showing all process units of the treatment plant, including all bypasses. Include the path of flow between all treatment units, and all other elements detailed in 13a through 13f. If necessary, include a brief narrative description of the diagram.

Answer questions 14 through 17 once for each outfall (including bypass points) through which your treatment works discharges effluent to surface waters of the state. Report all outfalls, even those that are not listed in the treatment works' current NPDES permit. Question 18 must be completed for each outfall <u>if the facility has an AWW design flow of greater than of equal to 0.1 MGD</u>. Each outfall should be noted in 11a. i and ii. Do not include information about combined sewer overflow discharge points. Surface water means drainage ditches, creeks, streams, rivers, ponds, and lakes. If your treatment works has more than one outfall, copy and complete questions 14 through 17 (and 18, if necessary) once for each outfall.

14. Description of Outfall

a. Provide the outfall number. Number 001 should be the main outfall from the treatment plant. Higher numbers (002 etc.) should be given to bypass or alternate outfalls.
b. Provide the name of the outfall as described.
c. Provide the outfall type, if known. The possible outfall types are: CSO, effluent, intermittent discharge, internal outfall, irrigation, monitoring well, sanitary sewers, and sludge.
d. Provide the location of the outfall. For location, provide the city or town (if applicable), zip code, county, state, and latitude and longitude to the nearest second. The latitude and longitudes can be obtained on the websites listed above in number 8. The outfall latitude and longitude for the outfall <u>should not</u> be the same as those give in question 8 for the treatment facility.
e. If this outfall is a subsurface discharge (e.g., into river or lake), indicate approximately how far the outfall is from shore. Give this distance in feet during low flow.
f. If this outfall is a subsurface discharge (e.g., into river or lake), indicate approximately how far below the water's surface it is. Give this distance in feet during low flow.
g. Provide the average daily flow rate in million gallons per day, if there is a daily flow from this outfall.
h. Mark whether this outfall is a periodic or intermittent discharge. A ``periodic discharge'' is one that happens regularly (for example, monthly or seasonally), but is not continuous all year. An ``intermittent discharge'' is one that happens sometimes, but not regularly. Discharges from holding ponds, lagoons, etc. may be included as periodic or intermittent. Give the number of times per year a discharge occurs from this outfall, the months in which the discharge usually occurs, the average duration in days of each discharge, and the average annual daily volume discharged in MGD (million gallons per day). If you do not have records of exact months in which such discharges occurred, provide an estimate based on the best available information.
i. Indicate whether the outfall is equipped with a diffuser.

15. Description of Receiving Waters

a. Give the name of the surface water to which this outfall discharges and the waterbodies to which the discharge will ultimately flow. For example, ``Control Ditch A, then into Stream B, then into River C.''
b. If known, provide the name of the designated receiving water as noted in the Water Quality Standards.
c. If known, provide the designation of the receiving water from the Water Quality Standards.
d. If known, provide the name of the State Management/River Basin into which this outfall discharges.
e. If known and if the water body is a river or stream, provide the 1Q10 (one day, ten year low flow), 7Q10 (seven day, ten year low flow), 30Q10 (thirty day, ten year low flow), and protected flow (if applicable) in cubic feet per second (cfs).

16. Description of Treatment

a. Indicate the levels of treatment that the facility provides for the discharge from this outfall. If the outfall is a bypass where no treatment occurs, indicate none. Examples of primary treatment are: septic tank, primary clarifier, and grit removal; examples of secondary treatment are lagoons, aeration basins, and trickling filters; examples of advanced treatment are: odor control, pure oxygen activated sludge, infrared disinfection, phosphorous removal, nitrogen removal, enhanced biological nutrient control, and reverse osmosis.

b. Describe the type of disinfection the facility uses (for example, chlorination, ozonation, ultraviolet, etc.) and any seasonal variation in disinfection technique that may occur. If the facility uses chlorine, indicate whether it also dechlorinates.
c. Note whether the facility has post aeration.

17. Effluent Testing Information

All applicants that discharge effluent to waters of the state must provide effluent testing data for each outfall. Indicate on each page the outfall number (as assigned in question 14) for which the data are provided. Do not include information about combined sewer overflow discharge points in question 17.

For *e.coli*, if the effluent has been chlorinated the samples shall be analyzed using the Most Probable Number method found in Standard Method 9223B (Colilert® or Colilert-18® made by IDEXX Laboratories, Inc.). If the effluent has not been chlorinated the samples shall be analyzed using either the MPN method above or EPA Method 1603: *Escherichia coli* (*E. coli*) in water by membrane filtration using modified membrane-thermotolerant *E. coli* agar (modified mTEC) or mColiBlue-24® made by the Hach Company.

Report all analytical results using the actual numeric values determined by the analysis. In other words, even where analytical results are below the detection or quantitation level of the method used, the actual data should be reported, rather than reporting ``non-detect'' (``ND'') or ``zero'' (``0''). All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods and Chapter 63 of the Iowa Administrative Code. Applicants should use methods that enable pollutants to be detected at levels adequate to meet water quality-based standards. Where no approved method can detect a pollutant at the water quality-based standards level, the most sensitive approved method should be used. For any dilutions made and any problems encountered in the analysis, the applicant should attach an explanation and any supporting documentation with the application. Effluent testing data required by your current NPDES permit can be reported if applicable.

18. Effluent Testing Information for Facilities with a with a Design AWW Flow Greater Than or Equal to 0.1 MGD

Applicants whose facility has a design wet weather (AWW) flow of greater than or equal to 0.1 MGD (100,000 gal/day) and that discharge to waters of the state must provide effluent testing data for each outfall. This testing is required by 40 CFR Part 122, Appendix J. Indicate on each page the outfall number (as assigned in question 14) for which the data are provided. Do not include information about combined sewer overflow discharge points in question 18.

Report all analytical results using the actual numeric values determined by the analysis. In other words, even where analytical results are below the detection or quantitation level of the method used, the actual data should be reported, rather than reporting ``non-detect'' (``ND'') or ``zero'' (``0''). All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods and Chapter 63 of the Iowa Administrative Code. Applicants should use methods that enable pollutants to be detected at levels adequate to meet water quality-based standards. Where no approved method can detect a pollutant at the water quality-based standards level, the most sensitive approved method should be used. For any dilutions made and any problems encountered in the analysis, the applicant should attach an explanation and any supporting documentation with the application. The permit writer may specify other parameters for analysis. Effluent testing data required by your current NPDES permit can be reported if applicable. Note: if the design AWW flow of the facility is less than 0.1 MGD, this question does not need to be completed.

Pursuant to 40 CFR, Part 122.21(j)(4)(iii), facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to provide TRC effluent results.